| Effective otober 1, 2001   |  |   |                                     |                                   |                     |                  |        |                     |                        |         |                            | 121                    |  |
|--|--|---|-------------------------------------|-----------------------------------|---------------------|------------------|--------|---------------------|------------------------|---------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                     |                                   |                     |                  |        | SMALL ENTITY TYPE   |                        |         | OTHER THAN OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS   |  |   |                                     |                                   |                     |                  |        | RATE                | FEE                    | 1       | RATE                       | FEE                    |  |
| FOR  |  |   | NUMBER FILED .                      |                                   | NUMBER EXTRA        |                  |        | BASIC FEE           | 520                    | OR      | BASIC FEE                  |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 40 minus 20=                        |                                   | · 20                |                  |        | X\$ 9=              | 180                    | OR      | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS   |  |   | 5 minus 3 =                         |                                   | * 2                 |                  |        | X42=                | 84                     | OR      | X84=                       |                        |  |
| М  | JLTIPLE DEPEI                                  | NDENT CLAIM P                             | RESENT                              |                                   |                     |                  |        | +140=               | 140                    | OR      | +280=                      |                        |  |
| * 11   | the difference                                 | e in column 1 is                          | less than zero, enter "0" in column |                                   |                     | column 2         |        | TOTAL               | 549                    | OR      | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                                     |                                   |                     |                  |        |                     | <u></u>                | J       | OTHER                      | THAN                   |  |
| _  | n energy services                              |   | (Column 2) (Column 3)               |                                   |                     | SMALL            | ,      | OR                  | SMALL                  | ,       |                            |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | PAID                              | BER<br>OUSLY        | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                               | **                                |                     | =                |        | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                               | ***                               |                     | =                |        | X42=                |                        | OR      | X84=                       |                        |  |
| L  | FIRST PRESE                                    | ENTATION OF MI                            | JLTIPLE DEI                         | PENDENT                           | CLAIM               |                  |        | +140=               |                        | OR      | +280=                      |                        |  |
|  |  |   |                                     |                                   | •                   |                  | Į.     | TOTAL               |                        |         | TOTAL<br>ADDIT. FEE        |                        |  |
|  |  | (Column 1)                                |                                     | (Colun                            | nn 2)               | (Column 3)       | ,      | ADDIT. FEE          |                        | 1       | ADDII. FEET                |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGH<br>NUME<br>PREVICE<br>PAID I | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                               | **                                |                     | =                |        | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                               | ***                               | OL 4154             | -                |        | X42=                |                        | OR      | X84=                       |                        |  |
|  | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEF                         | ENDENT                            | CLAIM               |                  |        | +140=               |                        | OR      | +280=                      |                        |  |
|  |  | E.  |                                     |                                   |                     |                  | <br>A  | TOTAL<br>ADDIT. FEE |                        | OR ,    | TOTAL<br>ADDIT. FEE        |                        |  |
|  |  | (Column 1)                                |                                     | (Colum                            |                     | (Column 3)       | ı      |                     |                        |         |                            | !                      |  |
| AMENDMENT C  | 187) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                     | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY         | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                               | **                                |                     | =                |        | X\$ 9=              |                        | OR      | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                               | ***                               | <u> </u>            | =                |        | X42=                |                        | OR      | X84=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                     |                                   |                     |                  | -      | 1140-               |                        | ı       | +280=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                                     |                                   |                     |                  |        |                     |                        | OR [    | TOTAL                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box |  |   |                                     |                                   |                     |                  |        |                     |                        |         | ADDIT. FEE                 |                        |  |
| ٦  | The "Highest Num                               | ber Previously Paid                       | d For" (Total or                    | Independe                         | nt) is the          | highest number   | r tour | nd in the app       | ropriate box           | in colu | JMA 1.                     |                        |  |